

Results: 20 patients were treated with Erbium laser in our department requiring an average of 2.5 sessions (range 1–8), there were 3/20 recurrences, no infections and no malignant transformation. 90% of patients were satisfied with their treatment. One patient needed CO2 laser for recurrence and two were treated with Erbium laser and IPL, none required surgical excision

Conclusion: Erbium laser is a useful treatment option for patients with giant CMN with very few complications. None of the patients in the study group showed malignant progression and this is a useful tool in cosmetically sensitive areas

0260: 'BENEFITS OF SPECIALIST PLASTIC SURGERY SKILLS FOR LESSER TRAUMA'

Jamie Kelly, Baljit Dheansa. *Queen Victoria Hospital, East Grinstead, UK.*

Introduction: BAPRAS and the BOA produce guidelines on management of major trauma and the role of specialised surgical input in trauma. The management of less serious injuries and the role Plastics can play in this arena is less clear. This study investigated whether there is any significant difference in complication rates between Trauma surgeons performing Plastic Surgery procedures compared to visiting Plastic Surgeons.

Methods: Ninety-five patients were included with a two and half year follow-up period. Forty-seven patients in the plastics group and forty-eight in the orthopaedic group. Any plastic surgery procedure performed at the Trauma centre was included whether performed by a Plastic or Trauma surgeon. Complications such as necrosis or infection to a graft or flap were recorded.

Results: There was no significant difference in mean age or ASA. Total complications were found to be significantly greater in the patients having plastic surgery performed by Trauma surgeons rather than plastic surgeons ($n = 3$ vs. 10 , $p = 0.04$).

Conclusion: This suggests Plastics have a role in management of minor as well as major tissue loss and questions whether BAPRAS and the BOA guidelines could incorporate greater Plastics input for such patients.

0277: DOES MELANOTAN INJECTIONS (TAN JAB) CAUSE MELANOMA? A SYSTEMIC REVIEW OF THE EFFECTS OF MELANOTAN INJECTIONS

Muhammad Javed, Jeremy Yarrow, Sarah Hemington gorse. *Welsh Centre for Burns and Plastic Surgery, Swansea, UK.*

Aim: Melanotan injections have experienced a surge in popularity for achieving artificial tan despite medical literature reporting concern in its use. We conducted a systemic review of the evidence available related to the effects of melanotan use to determine if there is any relationship between the use of melanotan injections and development of new melanoma lesions.

Method: A Pubmed/Medline search was conducted. Only articles in english language related to injectable melanotan and its analogues were included for critical appraisal. Animal studies were excluded.

Results: Search yielded 31 articles including 14 clinical studies. All clinical studies were limited by level of evidence with only one above level 3. All studies reported increased skin pigmentation following melanotan use, however none addressed longterm effects in sufficiently sized sample groups. 8 case reports reported either change in existing naevi or appearance of new lesions following melanotan use.

Conclusion: We did not find any conclusive evidence of melanotan use leading to development of new melanoma skin lesions. However data related to full effects and safe use of melanotan injections is limited.

0280: A TEN YEAR EPIDEMIOLOGY OF THE MENTAL HEALTH DISORDERS OF SELF HARM REFERRALS TO MENTAL HEALTH LIAISON SERVICE AT WELSH CENTRE FOR BURNS AND PLASTIC SURGERY

Muhammad Javed, Ron Evans, Sarah Hemington Gorse, Nick Wilson Jones, William A. Dickson. *Welsh Centre for Burns and Plastic Surgery, Swansea, UK.*

Aim: Self harm injuries can have a significant financial impact on a burn centre managing these cases. We review all the self harm burn injury referrals made to our regional burns unit in the last decade. The aim of the study was to examine trends and explore the contributing factors leading to self harm in the Welsh population.

Methods: The data was collected prospectively of all the self harm referrals made to Welsh Centre for Burns and Plastic Surgery mental health liaison service from 2001–2010.

Results: We received a total of 548 referrals (average 54/year). 63% were male and 37% female with majority in their third & fifth decade of life. 49% (male 61.9%, female 38%) had mood/anxiety disorders, 32% (male 71.1%, female 28.8%) were alcohol/drug related incidents, 11% (male 60.6%, female 39.3%) had psychosis and 8% (male 35.7%, female 64.2%) had organic disorders. Majority of the patients were discharged with community mental health, drug/alcohol and psychiatric team appointments.

Conclusion: Men with mood/anxiety disorders involved in drug/alcohol incidents were more likely to sustain self harm burn injuries. We also noticed an increase in self harm burn injuries in south wales population. A more robust strategy is needed to improve prevention and education of patients with self harm injuries to reduce the financial burden on the NHS.

0366: AN INVESTIGATION TO EXAMINE THE RANGE OF SKIN LESIONS EXCISED BY THE DERMATOLOGY AND PLASTIC SURGERY DEPARTMENTS IN A TEACHING HOSPITAL

William Hunt¹, Rebecca Batchelor², Emily McGrath². ¹Peninsula College of Medicine and Dentistry, Exeter, UK; ²Royal Devon and Exeter NHS Foundation Trust, Exeter, UK.

In our hospital, skin lesions are excised by both plastic surgeons and dermatologists. Since benign skin lesions should not be excised under the NHS, diagnostic accuracy is paramount.

This study's primary aim was to investigate the range of skin lesions removed by the plastic surgery and dermatology departments at a teaching hospital. Secondary aims were to compare the number of benign and malignant lesions, and to examine diagnostic accuracy.

Data was extracted from the pathology database, using the parameter of skin area code from Snomed. Data was collected for all lesions removed by plastic surgeons or dermatologists during November (1st–30th) 2010 from the NHS hospital. Lesions were categorised as benign, in situ, premalignant or malignant.

A total of 379 eligible skin lesions were excised and overall 63% of lesions excised were malignant/premalignant and 32% were benign. There were no significant differences in the proportions of each category of lesion excised between the two specialties.

Between the specialties there was variation in the proportions of different lesion types in the benign and in situ categories. When comparing clinical diagnoses to the histology, most lesions were correctly diagnosed, with similar accuracy rates between the plastic surgery (67%) and dermatology (72%) departments ($p = 0.33$).

0367: THE MANAGEMENT OF INCOMPLETELY EXCISED SKIN TUMOURS: SHOULD WE BE REFERRING PATIENTS FOR MOHS SURGERY

Bernard Robertson, A. Khan, H. Siddiqui. *James Cook University Hospital, Middlesbrough, UK.*

Background: Current guidelines suggest that incompletely excised skin tumours can be referred for MOHS surgery. Units that perform MOHS surgery are few and far between. Our incompletely excised skin tumours are discussed at the skin MDT and then appropriately managed within our unit.

Aim: To assess if surgery is an appropriate management plan for incompletely excised tumours.

Methods: We reviewed skin MDT notes over a two year period from July 2010–July 2012 to identify the incompletely excised BCCs and SCCs excised within primary and secondary care. 46 BCCs and 27 SCCs were identified as being incompletely excised. Casenotes and pathology report review were used to identify further management and outcome. Results

Of the 73 incompletely excised tumours 54 underwent further surgical excision. One further operation completely excised the tumour in 51/54 patients (94.4%). 3 patients required a total of 9 procedures to completely excise their tumours. 2 patients were recommended further surgery despite complete excisions, to increase margin of excision.

Conclusion: Our unit's surgical management of incompletely excised skin tumours provides acceptable results. Mohs surgery should remain a viable option.

0380: THE DEFINITIVE MANAGEMENT OF DOG BITES

Obi Onyekwelu, Adam Reid, D.A. McGrouther. *University Hospital of South Manchester, Wythenshawe, Manchester, UK.*

Aims: The surgical approach to managing dog bites determined by the mechanism of injury.